

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09-008-174

FILING DATE
1-16-98

APPLICANT(S)

CLAIMS						
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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2	/					
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TOTAL IND.	1					
TOTAL DEP.	3	2	2	2	2	2
TOTAL CLAIMS	4					